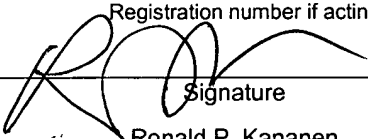




PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) SON-2045/DIV	
Application Number 10/634,781-Conf. #7635		Filed August 6, 2003	
For OPTICAL PICKUP DEVICE AND OPTICAL DISC DEVICE HAVING A DIFFRACTION GRATING (As Amended)			
Art Unit 2655		Examiner G. Patel	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$110.00	\$ 110.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$420.00	\$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$950.00	\$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1,480.00	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2,010.00	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-0013. I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 24,104			
		September 30, 2004	
Signature		Date	
Ronald P. Kananen		(202) 955-3750	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below			
<input type="checkbox"/> Total of 1 forms are submitted.			

10/01/2004 BSAYASI1 00000094 180013 10634781

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